MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/088772 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1			1		
5			1		1	
6					1	
7		8			1	
8		8			1	
9		1			1	
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TOTAL IND.		↓ 2	↓		↓	
TOTAL DEP.		← 9	←		←	
TOTAL CLAIMS		11				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.		↓	↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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